STANDARD TO

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Class List Report

CENTRAL AREA TECHNOLOGY CENTER AUTOMOTIVE TECHNOLOGY fon: ALL re: ALL re: ALL 12TH GRADE Program Area: Program Level: Section: Program Level: Frogram Level: Program Level: Frogram Level: Program Level: Program Level: Foundation Status:	Non-Duplicates	ָרָ מְּנִיתְּיִנְיִיתְּיִנְיִיתְּיִיתְיִיתְ		Group By:
ALL CENTRAL AREA TECHNOLOGY CENTER AUTOMOTIVE TECHNOLOGY On: ALL Section: ALL Tomicatics States Program Area: Program Level: Section: Temicatics States ALL	ACC.	Dunitosta:	12TH GRADE	Education Level:
ALL CENTRAL AREA TECHNOLOGY CENTER AUTOMOTIVE TECHNOLOGY fon: ALL Section:	·)	# P P P P P P P P P P P P P P P P P P P	ALL	Student Objective:
CENTRAL AREA TECHNOLOGY CENTER AUTOMOTIVE TECHNOLOGY Program Level:	Δ 1 .	Section:	ALL	Frogram Dennition:
CENTRAL AREA TECHNOLOGY CENTER ALL ALTOMOTIVE TECHNOLOGY CENTER Effective Year:	ALL	Program Level:		Discours Definition
ALL Program Area:	Prior School Year	Effective Year:	ALITOMOTIVE TECHNOLOGY CENTER	Program:
	ALL	Program Area:	ALL	Agency:

Student Name	EduLevel
Student, Number 1	12 TH Grade
Student, Number 2	王
Student, Number 4	
Student, Number 5	
Student, Number 6	
Student, Number 7	12 TH Grade
Student, Number 8	12 TH Grade
Student, Number 9	
Student, Number 10	12 TH Grade
Student, Number 11	12 TH Grade
Student, Number 12	12 TH Grade
Student, Number 13	12 TH Grade
Student, Number 14	12TH Grade
Student, Number 15	12 TH Grade
Student, Number 16	12 TH Grade
Student, Number 17	
Student, Number 18	12 TH Grade
Student, Number 19	12 ^{TK} Grade
Student, Number 20	12 TH Grade
Student, Number 21	12 TH Grade
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This section is not part of the report and will not print but may used for calculations.

Number of preparatory, unduplicated seniors for prior school year: 35

Number of students (Grades 9-12) who have participated in a WBL experience during the prior school year:

Percentage of above students in WBL:

26%

Student, Number 29
Student, Number 30
Student, Number 31
Student, Number 32
Student, Number 33
Student, Number 33
Student, Number 34
Student, Number 35

12TH Grade 12TH Grade 12TH Grade

12TH Grade

Student, Number 2,1
Student, Number 22
Student, Number 23
Student, Number 24
Student, Number 25
Student, Number 26
Student, Number 26
Student, Number 27

Student, Number 28

12TH Grade

12TH Grade

12TH Grade 12TH Grade 12TH Grade 12TH Grade

12TH Grade 12TH Grade 12TH Grade

12TH Grade



Education Cat Office of Career and Tec

Education Cat Standard 10 WBL Example - COOP

x Coop

□ Internship

□ Shadowing

Date:

8-1-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Numb	er 1	MI:	
SID Number:	1234567	Date of Birth:	11-15-			
Address:	500 Mer	o Street	City:	Frankfort		
Phone Number:	502-56	4-0987	State:	KY	Zip:	40601

School	Central Area Technology Center						
Address:	500 Mero Street City: Frankfort						
Phone Number:	502-223-7640	State:	KY	Zip:	40601		

Program Area:	Auto Technology	ILP Career Goal:	Auto Teacher		
Teacher Name:	William Bennett				
Coordinator Name:	NA				

Company Name:	Timothy's Garage		Phone:	502-227-2	2009
Address:	345 Wilkinson Avenue		E-Mail:	timgarage	@mis.net
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Thomas Carpenter	Hours F	er Week:	15	
Title:	Owner	Sta	art and End Dates:	8/5 5/	/15/
Work Schedule (Days & Hours):	M-F, 2-5 pm		urly Wage: applicable)	\$7.00	

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Check supplies

2:Serve as helper to service manager

3:Complete brake repairer training

4: After training, repair brakes

5:

Equal Employment and Education Opportunities M/F/D

Page 1 of 2

			-		
Student:	NUMBER 1 STUDENT	School Year:	201_	₹ 201_	

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

	Signatures	Date		Signatures	Date
Employer:	Thomas Garpenter	8/4/1_	Co-op Coordinator:	NA	
Principal:	Kal Carter	8/2/1_	Teacher	William Bonnett	8/2./1_
Student:	Number 1 Student	8/2/1_	Parent/Guardian:	Number 1 Student Parent	8/3/1-

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.

Equal Education and Employment Opportunities M/F/D

OCTE

х Соор	□ Internship	□ Mentoring	□ Snadowing
Student Name:	Number 1 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Timothy's Garage	Contact Person:	Thomas Carpenter
WBL Starting Date:	8/5/)	WBL Ending Date	5/15/1
training of the st 2. Each site/studen	be visited at least one time befoudent. t should be visited periodically tety, etc. Additional minimum v	to check progress, attendanc	

1 time per 9 weeks

No additional requirements

Shadowing
 Please document visitation below.

Coop, Internship and Mentoring

Date of		
Visitation	Person Making Visit	Observation
8/1/	William Bennett	Shop is safe with appropriate inspections.
		Employer agrees with the training.
8/29/1_	William Bennett	Student is making progress.
,		Employer and student are in agreement with progress.
10/01/1	William Bennett	Student needs better attendance.
12/15/1_	William Bennett	Student's attendance has improved.
02/05//_	William Bennett	Student is making a great team player.
05/15/1	William Bennett	Student has been offered a summer job.

OCTE

Work-Based Learning Employer Evaluation Report

x Coop

□ Internship

□ Mentoring □ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 1 Student	WBL Start Date:	8/5//
Company Name:	Timothy's Garage	WBL End Date:	5/15//
Contact Person:	Thomas Carpenter	Telephone:	502-227-2009

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

5 - Excellent 2 - Needs Improvement 3 - Average 4 - Good Scale: 1 - Poor Rating Trait Rating Trait 2 5 Attendance/Punctuality 3 -4 Cooperation 1 3 1 Adaptability/Flexibility 5 1 2 3 5 1 3 Appearance 2 4 5 Relations with Co-Workers 2 3 5 1 4

Attitude 5 1 2 3 5 2 3 4 Time Management Dependability 1 **Quality of Work** 1 2 3 4 5 2 3 5 Initiative 4 Quantity of Work 2 5 3 5 Following Directions 1

Remarks:

Student Number 1 is doing a great for his first week of work.

Missed one day of work

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	8/5	8/6	8/7	8/8	8/9	8/12/	8/13/	8/14	8/15	8/16	
Date							1				
Hours	3	3	3	3	3	0	3	3	3	3	27
Worked							1				

Earnings (If Applicable)

Signature of Supervisor: Thomas Garpenter	Date:	8/16 //

OCTE

Work-Based Learning

Employer Evaluation Report

x Coop

□ Internship □ Mentoring □ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Student Number 1	WBL Start Date:	8/5 /7 _
Company Name:	Timothy's Garage	WBL End Date:	5/15//
Contact Person:	Thomas Carpenter	Telephone:	502-227-2009

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 - Poor	2-N	eeds	Imp	rov	ement	$3 - Average \qquad 4 - Go$	<u>od</u>	<u>5 -</u>	Ex	celle	nt
Trait]	Rati	ng		Trait]	Rati	ng	
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	<u>4</u>	-5

Remarks:

Student Number 1 is doing a great job.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	8/19	8/20	8/21	8/22	8/23	8/26/	8/27/	8/28	8/29	8/30	
Date											
Hours	3	3	3	3	3	3	3	3	3	3	30
Worked											

Earnings (If Applicable)

Total Hours:	30	Hourly wage:	7.00	==	Total Gross Earnings:	\$210

Signature of Supervisor:

Thomas Garpenter

Date: 8/3//

OCTE

Rev: May 4, 2007

PPM Instructional Programs - Work-Based Learning



Education Cab Office of Career and Tech

Education Cab Standard 10 WBL Example - COOP

KY

State:

x Coop

□ Internship

Mentoring

□ Shadowing

Date:

12-15-

		First Name:	Numbe	er Z	MI:	L
SID Number:	1234568	Date of Birth:	01/01-			
Address:	600 Mero Street		City:	Frankfort		I
Phone Number:	502-5	502-564-0993		KY	Zip:	40601

Program Area:	Auto Technology	ILP Career Goal:	Auto Technician
Teacher Name:		William Bennett	
Coordinator Name:		NA	-

502-223-7640

Company Name:	Auto Repair of Kentucky		Phone:	502-229-2	900
Address:	200 Main Street		E-Mail:	Billstearn(@ark.net
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Bill Stearn	Hours I	Per Week:	15	
Title:	Service Manager	Sta	art and End Dates:	1/5 5/	/15/
Work Schedule (Days & Hours):	M-F, 1-4 pm	4	urly Wage: applicable)	\$7.50	

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Check supplies

Phone Number:

2:Serve as helper to service manager

3:Complete 20-point warranty training

4: After training, assign problems found to appropriate technicians

5:

Equal Employment and Education Opportunities M/F/D

Page 1 of 2

40601

Zip:

PPM

OCTE Rev: May 4, 2007

Student:	NUMBER 2 STUDENT	School Year:	201	201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

	Signatures	Date		Signatures	Date
Employer:	Bill Stearn	12/18/1_	Co-op Coordinator:	NA	
Principal:	Kal Carter	12/16/1_	Teacher	William Bennett	12/16/1_
Student:	Number 2 Student	12/16/7.	Parent/Guardian:	Number 2 Student Parent	12/17/1

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.

Equal Education and Employment Opportunities M/F/D

OCTE

No additional requirements

Log of Work-Based Learning Employer Contact

□ Internship	□ Mentoring	□ Snadowing
Number 2 Student	Grade Level	12
Central ATC	Program:	Auto Technology
Auto Repair of Kentucky	Contact Person:	Bill Stearn
1/5/0_	WBL Ending Date	5/15/:1
udent. t should be visited periodically to ety, etc. Additional minimum vis	check progress, attendance sitation requirements:	ce, appropriate work
	Number 2 Student Central ATC Auto Repair of Kentucky 1/5/0 be visited at least one time beforudent. t should be visited periodically to	Number 2 Student Central ATC Auto Repair of Kentucky 1/5/0 Be visited at least one time before the student is placed to endent. It should be visited periodically to check progress, attendancety, etc. Additional minimum visitation requirements:

6. Please document visitation below.

Shadowing

Date of Visitation	Person Making Visit	Observation
12/05// (_	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
1/15/1	William Bennett	Student is making progress. Employer and student are in agreement with progress.
1/19/1_	William Bennett	Student needs better attendance. Talked to student and employer about student's attendance
1/30/1_	William Bennett	Student's attendance has improved.
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<u>,=,</u>		

OCTE

Work-Based Learni **Employer Evaluation Report**

x Coop

□ Internship

☐ Mentoring ☐ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 2 Student	WBL Start Date:	1/5/1
Company Name:	Auto Repair of Kentucky	WBL End Date:	5/15/1
Contact Person:	Bill Stearn	Telephone:	502-229-2900

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1-Poor	2-Nc	eeds	Imp	rove	ement	$3 - Average \qquad 4 - Go$	<u>od</u>	<u> 5 -</u>	Ex	elle	nt
Trait]	Rati	ng		Trait]	Rati	ng	
Attendance/Punctuality	1	2	3	4	5	Cooperation	1_	2	3	<u>4</u>	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	<u>4</u>	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	<u>4</u>	5

Remarks:

Number 2 Student is doing a great for his first week of work; however he has missed three days of work.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	1/5	1/6	1/7	1/8	1/9	1/12/	1/13/	1/14	1/15	1/16	
Date									<u> </u>		
Hours Worked	3	3	3	3	0	0	3	3	3	0	21

Earnings (If Applicable)

Total Hours: 21 Hourly wage:	7.50	=	Total Gross Earnings:	\$157.50
Signature of Supervisor:			Bill Scearn Date:	1/16/)

OCTE

Work-Based Learh... **Employer Evaluation Report**

X	Coop	•	П	Internship
	COOP			HILOHIOHIP

□ Mentoring □ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 2 Student	WBL Start Date:	1/5/1
Company Name:	Auto Repair of Kentucky	WBL End Date:	5/15/1_
Contact Person:	Bill Stearn	Telephone:	502-229-2900

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 - Poor	$2-N_{\odot}$	eeds	Im	prov	ement	$3 - Average \qquad 4 - 6$	Good	5	- Ex	celle	nt
Trait			Rati	ng		Trait			Rati	ng	
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Worker	s 1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	<u>4</u>	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5
·	~ .			4							

Remarks:

Student Number 2 is doing a great job.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	1/19	1/20	1/21	1/22	1/23	1/26/	1/27/	1/28	1/29	1/30	
Date						1					
Hours	3	3	3	3	3	3	3	3	3	3	30
Worked											

Earnings (If Applicable)

Total Hours:	30	Hourly wage:	7.50	T=	Total Gross Ea	rnings:	\$225
Signature of S	mornic	10r	·	•	Bill Stearn	Date:	1/30 / l
Signature of Si	rbervis	sor;			-L)t// Stearn	Date.	1/30//

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Education Cal Office of Career and Tea

Education Cat Standard 10 WBL Example - Internship

□ Coop

x Internship

□ Mentoring

Shadowing

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Date

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Student Last Name:	Student	First Name:	Numb	er 3	MI:	
SID Number:	1234569	Date of Birth:	2-01			
Address:	300 Max	well Street	City:	Frankfort		,··
Phone Number:	502-5	64-0187	State:	KY	Zip:	40601

School	Central Area Technology Center					
Address:	Address: 500 Mero Street City: Frankfort					
Phone Number:	502-223-7640	State:	KY	Zip:	40601	

Program Area:	Auto Technology	ILP Career Goal:	Auto Plant Manager
Teacher Name:		William Bennett	·
Coordinator Name:		NA	

Company Name:	Auto Manufacturers of Frankfort		Phone:	502-227-2089	
Address:	45 Industrial Park		E-Mail:	automanu	@mis.net
City:	Frankfort	State:	KY	Zip:	40601
Contact:	David Bolton	Hours F	er Week:	10	
Title:	Department Supervisor	Sta	ort and End Dates:	8/6 10	0/5/
Work Schedule (Days & Hours):	M-F, 2-4 pm	1	urly Wage: applicable)	NA	

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1: Serve as assistant to	o department suj	pervisor

- 2:Assist other managers
- 3:Observe the operations in the different departments
- 4:Assist as needed

5:

OCTE

Equal Employment and Education Opportunities M/F/D

Page 1 of 2

Student:	NUMBER 3 STUDENT	0 1 177		7	
Stunent!	MOMDEY 2 STODEM!	School Year:	201 -	201	
······································		***************************************			

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that
 the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- · Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

	Signatures	Date		Signatures	Date
Employer:	David Bolton	8/4/	Co-op Coordinator:	NA .	
Principal:	Hal Carter	8/2// _	Teacher	William Bonnett	8/2/ 1_
Student:	Number 3 Student	8/2/)-	Parent/Guardian:	Number 3 Student Parent	8/3/(_

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.

Equal Education and Employment Opportunities M/F/D

OCTE

🗆 Соор	x Internship	□ Mentoring	□ Shadowing
Student Name:	Number 3 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Auto Manufacturers of Frankfort	Contact Person:	David Bolton
WBL Starting Date:	8/6/ [,	WBL Ending Date	10/5/]_
training of the st 8. Each site/student assignments, safe	be visited at least one time before udent. It should be visited periodically to ty, etc. Additional minimum visible and Mentoring	o check progress, attendance	ee, appropriate work
9. Please documen	t visitation below.		

Date of Visitation	Person Making Visit	Observation
8/1/1	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
8/29/1_	William Bennett	Student is very helpful and interested in the auto industry

OCTE

Work-Based Learn **Employer Evaluation Report**

□ Coop

x Internship

Mentoring

Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 3 Student	WBL Start Date:	8/6 /1
Company Name:	Auto Manufacturers of Frankfort	WBL End Date:	10/5/
Contact Person:	David Bolton	Telephone:	502-22,1-2089

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 - Poor	2-Nc	eeds	Imp	prov	ement	$3 - Average \qquad 4 - Go$	od	5 -	Ex	eelle:	<u>ut</u>
Trait]	Rati	ng		Trait]	Rati	ng	
Attendance/Punctuality	1	2	3 .	4	<u>5</u>	Cooperation	1	2	3	4	<u>5</u>
Appearance	1	2	3	4	<u>5</u>	Adaptability/Flexibility	1	2	3	4	<u>5</u>
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	. <u>5</u>
Dependability	1	2	3	4	5	Time Management	1	2	3	4	<u>5</u>
Initiative	1	2	3	4	<u>5</u>	Quality of Work	1	2	3	4	<u>5</u>
Following Directions	1	2	3	4	<u>5</u> .	Quantity of Work	1	2	3	4	<u>5</u>
		1 , 1	N Y	1 .	^ ·	and the death long initiative and	a taas	· nla	4704		

Remarks:

Student Number 3 is a great student, has initiative and a team player.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed 8/15	Thurs	Fri 8/17	Total Hours
	8/6	8/6	8/8	8/9	8/10	8/13/	8/14/	8/13	0/10	0/1/	
Date								ļ	<u> </u>	ļ	
Hours	2	2	2	2	2	2	2	2	2	2	20
Worked	1				1					<u> </u>	

Farnings (If Applicable)

Latinings (ii Applicatio)							
Total Hours:	Hourly wage:	=	Total Gros	s Earnings:			
Signature of Super	visor:		David Bolton	Date:	8/17/1		



Education Office of Career and

Standard 10 WBL Example - Internship

□ Coop

x Internship

□ Mentoring

Shadowing

Date:

10-1-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Numb	er 4	MI:	
SID Number:	1234570	Date of Birth:	04/01~	· · · · · · · · · · · · · · · · · · ·		
Address:	600 Mil	ler Street	City:	Frankfort		
Phone Number:	502-2	23-0993	State:	KY	Zip:	40601

School	Central Area Technology Center						
Address:	500 Mero Street	City:	Frankfort				
Phone Number:	502-223-7640	State:	KY	Zip:	40601		

Program Area:	Auto Technology	ILP Career Goal:	Auto Technician
Teacher Name:		William Bennett	
Coordinator Name:	•	NA	

Company Name:	Auto Manufacturers of Frankfort		Phone:	502-227-20	89
Address:	45 Industrial Park		E-Mail:	automanu@	mis.net
City:	Frankfort	State:	KY	Frankfort	State:
Contact:	David Bolton	Hours I	Per Week:	10	
Title:	Department Supervisor	Sta	art and End Dates:	10/8 1:	2/7/
Work Schedule (Days & Hours):	M-F, 2-4 pm		urly Wage: applicable)	NA	, , , , , , , , , , , , , , , , , , ,

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Check supplies

2:Serve as helper to service manager

3:Complete 20-point warranty training

4:After training, assign problems found to appropriate technicians

5:

OCTE

Equal Employment and Education Opportunities M/F/D

Page 1 of 2

PPM

	School Year:	201	- 201	
		,		

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that
 the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures	Date		Signatures	Date
David Bolton	12/18 / /	Co-op Coordinator:	NA	
Kal Carter	12/16/1_	Teacher	William Bennett	12/16/)_
Number 4 Student	12/16/	Parent/Guardian:	Number 4 Student Parent	12/17/1
	David Bolton Kal Caster	David Bolton 12/18/1 Kal Carter 12/16/1_	David Boston 12/18/1 Co-op Coordinator: Stal Carter 12/16/1_ Teacher	David Boston 12/18/1 Co-op Coordinator: NA Stal Carter 12/16/1 Teacher William Bennett

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Equal Education and Employment Opportunities M/F/D

OCTE

□ Coop	x Internship	□ Mentoring	□ Shadowing
Student Name:	Number 4 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Auto Manufacturers of Frankfort	Contact Person:	David Bolton
WBL Starting Date:	10/8/)	WBL Ending Date	12/7/7_
training of the student	be visited at least one time before t udent. t should be visited periodically to c	heck progress, attendanc	

• Coop, Internship and Mentoring

1 time per 9 weeks

Shadowing

No additional requirements

12. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
12/05//	William Bennett	Shop is safe with appropriate inspections.
, , , , ₋		Employer agrees with the training.
10/15/7	William Bennett	Student is making progress.
		Employer and student are in agreement with progress.
11/15/1	William Bennett	Student has great attendance and attitude.
-		
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OCTE

Employer Evaluation Report

□ Coop

x Internship

☐ Mentoring ☐ Shadowing

School: Central Area Technology Center		Program	Auto Technology
Student Name:	Number 4 Student	WBL Start Date:	10/8/
Company Name:	Auto Manufacturers of Frankfort	WBL End Date:	12/7/
Contact Person:	David Bolton	Telephone:	502-227-∠089

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 - Poor	2-N	eeds	Im	prov	ement	3 - Average 4 - Go	od	5 -	- Ex	celle	nt
Trait)	Rati	ng		Trait]	Rati	ng	
Attendance/Punctuality	1	2	3	4	<u>5</u>	Cooperation	1	2	3	4	<u>5</u>
Appearance	1	2	3	4	<u>5</u>	Adaptability/Flexibility	1	2	3	4	<u>5</u>
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	<u>5</u>
Dependability	1	2	3	4	. <u>5</u>	Time Management	1	2	3	4	<u>5</u>
Initiative	1	2	3	4	<u>5</u>	Quality of Work	1	2	3	4	<u>5</u>
Following Directions	1	2	3	4	<u>5</u>	Quantity of Work	1	2	3	4	<u>5</u>
Domonica	Cuar	. 4	مساحمه	.1		······································					

Remarks:

Great worker!

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	10/8	10/9	10/10	10/11	10/12	10/15/	10/16/	10/17	10/19	10/20	
Date											
Hours	2	2	2	2	2	2	2	2	2	2	20
Worked											

Earnings (If Applicable)

Total Hours:	Hourly wage:	= Total Gross	Earnings:	\$
Signature of Sup	pervisor:	David Bolton	Date:	10/20/

OCTE



Education C Office of Career and I

Standard 10 WBL Example - Mentoring

п Соор

□ Internship

X Mentoring

□ Shadowing

Date:

8-1-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Numb	er 5	MI:	
SID Number:	1234570	Date of Birth:	10-11-			
Address:	444 She	lby Street	City:	Frankfort		
Phone Number:	502-2	23-3764	State:	KY	Zip:	40601

School	Central Area Technology Center	Central Area Technology Center				
Address:	500 Mero Street	City:	Frankfort			
Phone Number:	502-564-4286	State:	KY	Zip:	40601	

Program Area:	Auto Technology	ILP Career Goal:	Dealership Manager
Teacher Name:		William Bennett	
Coordinator Name:		NA	

Company Name:	Holt's Auto Dealership		Phone:	502-227-2	234
Address:	564 HWY 127		E-Mail:	Holtsauto	.com
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Alvin Holt	Hours F	er Week:	1	
Title:	Owner	Sta	ort and End Dates:	8/6 8/	/10/
Work Schedule (Days & Hours):	M-F, 2-3 pm		urly Wage: applicable)	NA	

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Observe the different types of careers within the auto industry

2:Observe the service manager

3:Observe the buying of cars

4:Observe the owner

5:Observe the accounting department

Equal Employment and Education Opportunities M/F/D

Page 1 of 2

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			rl .		
Student:	NUMBER 5 STUDENT	School Year:	201_	- 1 201	-

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

	Signatures	Date		Signatures	Date
Employer:	Alvin Holt	8/4/0_	Co-op Coordinator:	NA	
Principal:	Kal Carter	8/2/0_	Teacher	William Bonnett	8/2/0_
Student:	Number 5 Student	8/2/0_	Parent/Guardian:	Number 5 Student Parent	8/3/0_

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Equal Education and Employment Opportunities M/F/D

OCTE

Rev: May 4, 2007

Instructional Programs – Work-Based Learning

🗆 Соор	□ Internship	X Mentoring	□ Shadowing
Student Name:	Number 5 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Holt's Auto Dealership	Contact Person:	Alvin Holt
WBL Starting Date:	8/6/1	WBL Ending Date	8/10/ĵ
training of the st	be visited at least one time befo udent.		
2. Each site/studen assignments, safe	t should be visited periodically ety, etc. Additional minimum v	to check progress, attendand isitation requirements:	e, appropriate work
• Coop, Intern	ship and Mentoring	1 time per 9 weeks	S
• Shadowing		No additional req	uirements

Date of		

Please document visitation below.

Date of Visitation	Person Making Visit	Observation
8/1// (_	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
8/10//_	William Bennett	Student appreciated the opportunity and gained knowledge about the auto industry.

OCTE

Work-Based Learning (vv DL) **Employer Evaluation Report**

□ Coop

□ Internship X Mentoring □ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 5 Student	WBL Start Date:	8/6/1_
Company Name:	Holt's Auto Dealership	WBL End Date:	8/10/1
Contact Person:	Alvin Holt	Telephone:	502-227-2234

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1-Poor	2-N	eeds	Im	prov	ement	$3 - Average \qquad 4 - 6$	Good	5	- Ex	celle	nt
Trait]	Rati	ng		Trait			Rati	ng	
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Worker	s 1	2	3	4	5
Dependability	1	2	3	4.	- 5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	<u>4</u>	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5
Domontos.	Maren	ah an	₹ C+	ndon	t xxxoc x	rome interported in abcoming	all acros	ota of	the	donle	arahin

Remarks:

Number 5 Student was very interested in observing all aspects of the dealership.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	8/6	8/7	8/8	8/9	8/10						
Date											:
Hours	1	1	1	1	1						5
Worked											

Earnings (If Applicable)

Total Hours:	5	Hourly wage:	NA	11	Total Gross E	arnings:	\$
Signature of S	upervis	or:			Alvin Holt	Date:	8/10/1

OCTE



Office of Career and Tec

Education Cab Standard 10 WBL Example - Mentoring

□ Coop

□ Internship

X Mentoring

□ Shadowing

Date:

8-1-

Work-Bosed Learning Agreement/Plan

Student Last Name:	Student	First Name:	Numb	er 6	MI:	
SID Number:	1234571	Date of Birth:	11-10-			
Address:	657 Vine Street		City:	Frankfort		
Phone Number:	502-2	State:	KY	Zip:	40601	

School	Central Area Technology Center					
Address:	500 Mero Street	City:	Frankfort			
Phone Number:	502-564-4286	State:	KY	Zip:	40601	

Program Area:	Auto Technology	ILP Career Goal:	Dealership Manager
Teacher Name:	·	William Bennett	
Coordinator Name:		NA	

Company Name:	Holt's Auto Dealership	Holt's Auto Dealership			234
Address:	564 HWY 127		E-Mail:	Holtsauto	.com
City:	Frankfort	State:	KY.	Zip:	40601
Contact:	Alvin Holt		er Week:	1	
Title:	Owner	Sta	art and End Dates:	8/13	8/17/
Work Schedule		Ho	urly Wage:		
(Days & Hours):	M-F, 2-3 pm	(if	applicable)	NA	

According to the WBL type, the student will observe, be trained and/or and complete the following

- 1:Observe the different types of careers within the auto industry
- 2:Observe the service manager
- 3:Observe the buying of cars
- 4:Observe the owner
- 5:Observe the accounting department

Equal Employment and Education Opportunities M/F/D

OCTE

Rev: May 4, 2007

PPM Instructional Programs - Work-Based Learning

			1	1	
Student:	NUMBER 6 STUDENT	School Year:	201_	201_	

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures	Date		Signatures	Date
Alvin Holt	8/4/0_	Co-op Coordinator:	NA	
Kal Carter	8/2/0	Teacher	William Bennett	8/2/0_
Number 6 Student	8/2/0_	Parent/Guardian:	Number 6 Student Parent	8/3/0_
	Alvin Holt Kal Carter	Hein Holt 8/4/0_ Kal Carter 8/2/0_	Hein Holt8/4/0_Co-op Coordinator:Kal Caster8/2/0_Teacher	Hein Holt 8/4/0_ Co-op Coordinator: NA Stal Caster 8/2/0_ Teacher William Bennett

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.

Equal Education and Employment Opportunities M/F/D

OCTE

	□ Internship	X Mentoring	□ Shadowing				
Student Name:	Number 6 Student	Grade Level	12				
School:	Central ATC	Program:	Auto Technology				
Company Name:	Holt's Anto Dealership	Contact Person:	Alvin Holt				
WBL Starting Date:	8/13/1	WBL Ending Date	8/17/1_				
4. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student. 5. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:							

• Coop, Internship and Mentoring

1 time per 9 weeks

Shadowing

No additional requirements

6. Please document visitation below.

Date of		
Visitation	Person Making Visit	Observation
8/1/1_	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
8/17/1_	William Bennett	Student feels that the auto industry is not where he wants to be. He would rather be in management in another area.
		·

OCTE

Work-Based Learni Employer Evaluation Report

□ Coop	□ Internship	X Mentoring	□ Shadowing
--------	--------------	-------------	-------------

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 6 Student	WBL Start Date:	8/13 / _
Company Name:	Holt's Auto Dealership	WBL End Date:	8/17/1_
Contact Person:	Alvin Holt	Telephone:	502-22',-2234

<u>Student Responsibility</u>: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 - Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Trait		1	Rati	ug		Trait Rating		ng			
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	<u>5</u>	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	<u>5</u>	Time Management	1	. 2	3	4	5
Initiative	1	2	3	4	<u>5</u>	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks:

Number 6 Student was very interested but found that the auto industry is not

where he wants to be.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	8/13	8/14	8/15	8/16	8/17						~~~~~
Date											
Hours Worked	1	1	1	1	1						5

Earnings (If Applicable)

Total Hours:	5	Hourly wage:	NA	11	Total Gross Ea	rnings:	\$
- A second state of the se					4		
Signature of Si	upervis	or:			Alvin Holt	Date:	<u>8/17.//</u>

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Education Ca Office of Career and Te

Education Ca Standard 10 WBL Example - Shadowing

п Соор

□ Internship

□ Mentoring

X Shadowing

Date:

12-15-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Numbe	er 7	MI:	
SID Number:	1234580	Date of Birth:	2-11-	-		
Address:	978 Pe	ear Street	City:	Frankfort		,
Phone Number:	502-2	23-7694	State:	KY	Zip:	40601

School	Central Area Technology Center				
Address:	500 Mero Street	City:	Frankfort		
Phone Number:	502-564-4286	State:	KY	Zip:	40601

Program Area:	Auto Technology	ILP Career Goal:	Auto Service Manager
Teacher Name:		William Bennet	tt
Coordinator Name:		NA	

Company Name:	Turner's Auto Repair Shop		Phone: 502-227-9752		752	
Address:	987 Turner Avenue	······································	E-Mail:	turnerrepa	urnerrepair.com	
City:	Frankfort	State:	KY	Zip:	40601	
Contact:	Kim Turner	Hours F	er Week:	1		
Title:	Owner	Sta	art and End Dates:	1/14	1/18/	
Work Schedule		Ho	urly Wage:			
(Days & Hours):	M-F, 2-3 pm	(if	applicable)	NA		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Observe the estimate process

2:Observe the bookkeeping duties

3:Observe dealing with customers

4:Observe the parts area

5:Observe the quality control

Equal Employment and Education Opportunities M/F/D

Page 1 of 2

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Rev: May 4, 2007

PPM Instructional Programs – Work-Based Learning

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·	A DESCRIPTION OF THE PROPERTY	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		(
Student:	NUMBER 7 STUDENT	School Year:	201_	201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures	Date		Signatures	Date
Kim Turner	12/15/1_	Co-op Coordinator:	NA	
Kal Carter	12/15/1	Teacher	William Bennett	12/15/)
Number 7 Student	12/15/1	Parent/Guardian:	Number 7 Student Parent	12/15/)_
	K.im Turnor Kal Castes	Kim Turner 12/1 \$/1	Kim Turner 12/15/1 Co-op Coordinator: Hal Caster 12/15/1 Teacher	Kim Turner 12/15/1 Co-op Coordinator: NA Kal Caster 12/15/1 Teacher William Bennett

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.

Equal Education and Employment Opportunities M/F/D

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□ Internship □ Mentoring X Shadowing	□ Internship	🗆 Соор
Number 7 Student Grade Level 12	Number 7 Student	Student Name:
Central ATC Program: Auto Technology	Central ATC	School:
Turner's Auto Repair Contact Person: Kim Turner	Turner's Auto Repair	Company Name:
WBL Ending Date 1/18/1	1/14/1	WBL Starting Date:
	······································	Company Name: WBL Starting Date:

- Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
- 2. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
 - Coop, Internship and Mentoring

1 time per 9 weeks

Shadowing

No additional requirements

3. Please document visitation below.

Date of		
Visitation	Person Making Visit	Observation
12/10//_	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
1/18///	William Bennett	Student appreciated the opportunity and gained knowledge about becoming a service manager.
		·

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Work-Based Learnin Employer Evaluation Report

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LJ	COOD

□ Internship □ Mentoring X Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 7 Student	WBL Start Date:	1/14/
Company Name:	Turner's Auto Repair Shop	WBL End Date:	1/18/]_
Contact Person:	Kim Turner	Telephone:	502-22′1-9752

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor 2 – Needs Improvement 4 - Good 5 - Excellent 3 – Average

Trait		l	Ratir	ng	•	Trait	Rating				
Attendance/Punctuality	1	2	3	4	<u>5</u>	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	<u>5</u>	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks:

Number 7 Student was very interested in observing all aspects of becoming a service manager.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	1/14	1/15	1/16	1/17	1/18						
Date				<u> </u>							
Hours	1	1	1	1	1						5
Worked											

Earnings (If Applicable)

Total Hours:	5	Hourly wage:	NA	=	Total Gross Ea		\$	
Signature of S	upervis				K.im Turner	Date:	1/18/	

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Education Cal Office of Career and Tec

Education Cal Standard 10 WBL Example - Shadowing

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Tuge 1 0) 4

□ Coop

□ Internship

□ Mentoring

X Shadowing

Date:

1-15-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Numb	er 8	MI:	
SID Number:	1234581	Date of Birth:	9-14		,	
Address:	270 North M	alibu Avenue	City:	Frankfort		
Phone Number:	502-223-0112		State:	KY	Zip:	40601

School	Central Area Technology Center	Central Area Technology Center				
Address:	500 Mero Street City: Frankfort					
Phone Number: 502-564-4286		State:	KY	Zip:	40601	

Program Area:	Auto Technology	ILP Career Goal:	Auto Service Manager
Teacher Name:		William Bennet	t
Coordinator Name:		NA	

Company Name:	Turner's Auto Repair Shop		Phone:	502-227-9752	
Address:	987 Turner Avenue	urner Avenue I		turnerrepair.com	
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Kim Turner	Hours F	er Week:	1	·
Title:	Owner	Sta	ort and End Dates:	2/4 2/	/8/
Work Schedule (Days & Hours):	M-F, 2-3 pm	I	urly Wage: applicable)	NA	

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Observe the estimate process

2:Observe the bookkeeping duties

3:Observe dealing with customers

4:Observe the parts area

5:Observe the quality control

Equal Employment and Education Opportunities M/F/D

OCTE

Rev: May 4, 2007

PPM

Student: NUMBER 8 STUDENT	201	201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual; dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

	Signatures	Date		Signatures	Date
Employer:	Kim Turnor	1/15/1_	Co-op Coordinator:	NA	
Principal:	Hal Carter	1/15//).	Teacher	William Bennett	1/15/)_
Student:	Number 8 Student	1/15./)-	Parent/Guardian:	Number 8 Student Parent	1/15//)

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.

Equal Education and Employment Opportunities M/F/D

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🗆 Соор	□ Internship	□ Mentoring	X Shadowing	
Student Name:	Number 8 Student	Grade Level	12	
School:	Central ATC	Program:	Auto Technology	_
Company Name:	Turner's Auto Repair	Contact Person:	Kim Turner	_
WBL Starting Date:	2/4/	WBL Ending Date	2/8/1	

- 4. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
- 5. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
 - Coop, Internship and Mentoring

1 time per 9 weeks

Shadowing

No additional requirements

6. Please document visitation below.

Date of Visitation 12/10//	Person Making Visit William Bennett	Observation Shop is safe with appropriate inspections.
		Employer agrees with the training.
2/8/4	William Bennett	Student enjoyed the WBL experience and gained knowledge regarding his career objective.

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Shirteness in

Work-Based Learning 1 200 172-18 19 19 19 19 Employer Evaluation Report

□ Coop

Scala: 1 - Poor

□ Internship

2 ... Naade Improvement

□ Mentoring X Shadowing

5 - Excellent

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 8 Student	WBL Start Date:	2/4/
Company Name:	Turner's Auto Repair Shop	WBL End Date:	2/8/1
Contact Person:	Kim Turner	Telephone:	502-227-9752

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: I - I ool													
Trait		Rating		Trait		Rating							
Attendance/Punctuality	1	2	3	4	5	Cooperation		1	2	3	<u>4</u>	5	
A	1		^	1	_	A dontability/Dlavibility	,	1	2	2	A	5	

Appearance Adaptability/Flexibility Attitude Relations with Co-Workers 1 3 Time Management 1 Dependability 5 5 Initiative 3 Quality of Work 2 Quantity of Work Following Directions 1

Remarks:

Student was very interested in observing all aspects of the business.

3 _ Average

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	2/4	2/5	2/6	2/7	2/8						
Date											
Hours Worked	1	1	1	1	1						5

Earnings (If Applicable)

					, ,			
Total Hours:	5	Hourly wage:	NA	=	Total Gr	oss Earnings:	\$	
Signature of S	upervi	sor:			K.im Turner	Date:	2/8/	

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Education Ca Office of Career and Te

Education Ca Standard 10 WBL Example - Shadowing

□ Соор

□ Internship

□ Mentoring

X Shadowing

Date:

3-01-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Numb	er 9	MI:	
SID Number:	1234582	Date of Birth:	8-23	7***		
Address:	987 Tabor La	ake Road	City:	Frankfort		
Phone Number:	502-564-	2882	State:	KY	Zip:	40601

School	Central Area Technology Center					
Address:	500 Mero Street City: Frankfort					
Phone Number:	502-564-4286	State:	KY	Zip:	40601	

Program Area:	Auto Technology	ILP Career Goal:	Technician
Teacher Name:		William Bennett	
Coordinator Name:		NA	

Company Name:	Turner's Auto Repair Shop		Phone:	502-227-9	752
Address:	987 Turner Avenue		E-Mail:	turnerrepa	ir.com
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Kim Turner	rner Hours P		1	
Title:	Owner	Sta	ort and End Dates:	3/3 3.	/7/
Work Schedule		Hor	urly Wage:		
(Days & Hours):	M-F, 2-3 pm	(if	applicable)	NA	

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

- 1:Observe the estimate process
- 2:Observe the different technicians
- 3:Observe dealing with customers
- 4:Observe the parts area
- 5:Observe the quality control

Equal Employment and Education Opportunities M/F/D

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Rev: May 4, 2007

PPM

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Student:	NUMBER 9 STUDENT	School Year: 201_	201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that
 the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

2012 3 3 3 3 3 3 3 3 3	Signatures	Da		Signatures	Date
Employer:	Kim Turner	3/01/1	Co-op Coordinator:	NA	
Principal:	Kal Carter	3/01/	Teacher	William Bennett	03/01/1
Student:	Number 9 Student	3/01/)	Parent/Guardian:	Number 9 Student Parent	03/01/ĵ -

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.

Equal Education and Employment Opportunities M/F/D

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п Соор	□ Internship	 Mentoring 	X Shadowing
Student Name:	Number 9 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Turner's Auto Repair	Contact Person:	Kim Turner
WBL Starting Date:	3/3/	WBL Ending Date	3/7/7_
7. Each site should	he visited at least one time hefo	re the student is placed to e	nsure the safety and nroner

- 7. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
- 8. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
 - Coop, Internship and Mentoring

1 time per 9 weeks

• Shadowing

No additional requirements

9. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
12/10/ 1_	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
3/7/	William Bennett	Student enjoyed the WBL experience and gained knowledge regarding his career objective. She is interested in being an owner of a dealership.

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Work-Based Learnil **Employer Evaluation Report**

□ Coop

□ Internship □ Mentoring X Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 9 Student	WBL Start Date:	3/3/)_
Company Name:	Turner's Auto Repair Shop	WBL End Date:	3/7/)_
Contact Person:	Kim Turner	Telephone:	502-227-9752

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 - Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Trait		J	Rati	ng		Trait]	Rati	ng	
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	<u>5</u>	Relations with Co-Workers	1	2	3	4	<u>5</u>
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks:

Student was very interested in observing all aspects of the business; wants to be more than a technician.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
	3/3	3/4	3/5	3/6	3/7						
Date											
Hours	1	1	1	1	1						5
Worked											

Earnings (If Applicable)

Total Hours:	5	Hourly wage:	NA	=	Total Gross Ear	\$	
Signature of S	upervise			•	K.im Turnor	Date:	3/7/)

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Rev: May 4, 2007

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